

Logan County Detention Center

REQUEST TO STAFF

INMATE NAME: CHARLES R. BOWLDS POD/CELL LOCATION: B11 DATE: 3/24/19

IF YOU HAVE A CERTAIN STAFF MEMBER YOU ARE TRYING TO CONTACT, WRITE THEIR NAME AND TITLE BELOW:

The Sheriff of this Detention Center.

HAVE YOU ALREADY TRIED TO SETTLE THIS REQUEST WITH A STAFF MEMBER?

CIRCLE ONE: ☒ YES / ☐ NO I spoke with Sgt. Lindsey #260

HAVE YOU ALREADY SUBMITTED A REQUEST OF STAFF ON THIS SAME ISSUE?

CIRCLE ONE: YES / ☒ NO

DO YOU HAVE A LAWSUIT OF ANY TYPE PENDING OR PLANNED THAT RELATES IN ANY WAY TO THIS ISSUE?

CIRCLE ONE: ☒ YES / ☐ NO

IF YES, INDICATE CASE NUMBER: N/A At this moment

DOES THIS REQUEST RELATE TO A PENDING INCIDENT REPORT?

CIRCLE ONE: YES / ☒ NO

REQUEST REASON

INCLUDE ALL RELEVANT INFORMATION: THIS INCLUDES YOUR REQUEST &/OR COMPLAINT, DATES, TIMES, PLACES, PEOPLE INVOLVED, AND HOW YOU WERE AFFECTED. FAILURE TO DO SO MAY RESULT IN THIS FORM BEING RETURNED UNANSWERED.

INCLUDE HOW YOU BELIEVE YOUR REQUEST SHOULD BE HANDLED/SOLVED.

on 3/24/19, at approximately 6:00AM, as I was in Holding Cell B-11, (with 4 other inmates), a Correctional Officer said, "That Piece of SHIT CHARLES BOWLDS is HERE... You know, THE ONE THAT BEAT THE SHIT OUTTA HIS STEP DAUGHTER."
This was very reckless, unethical, and put my life in danger. I'm requesting to file an emergency grievance with the Logan County Detention Center immediately.
 INMATE SIGNATURE: Charles R. Bowlds DATE: 3/24/19

INMATES - DO NOT WRITE BELOW THIS LINE

DETENTION DEPUTY - LAST NAME/BADGE #: Lindsey #260 REASON FOR REQUEST: Complaint

THE RESULT/DISPOSITION OF THIS STAFF REQUEST CAN BE FOUND BELOW:

I will look into this issue

SUPERVISOR SIGNATURE: [Signature] #103 DATE: 03-27-2019

Logan County Detention Center

REQUEST TO STAFF

2019 APR -5 AM 7:33

INMATE NAME: Bowlds Charles POD/CELL LOCATION: E DATE: 3-29-19

IF YOU HAVE A CERTAIN STAFF MEMBER YOU ARE TRYING TO CONTACT, WRITE THEIR NAME AND TITLE BELOW:

Court Clerk

HAVE YOU ALREADY TRIED TO SETTLE THIS REQUEST WITH A STAFF MEMBER?

CIRCLE ONE: YES / ☒ NO

HAVE YOU ALREADY SUBMITTED A REQUEST OF STAFF ON THIS SAME ISSUE?

CIRCLE ONE: YES / ☒ NO

DO YOU HAVE A LAWSUIT OF ANY TYPE PENDING OR PLANNED THAT RELATES IN ANY WAY TO THIS ISSUE?

CIRCLE ONE: YES / ☒ NOIF YES, INDICATE CASE NUMBER: N/A

DOES THIS REQUEST RELATE TO A PENDING INCIDENT REPORT?

CIRCLE ONE: YES / ☒ NO

REQUEST REASON

INCLUDE ALL RELEVANT INFORMATION: THIS INCLUDES YOUR REQUEST &/OR COMPLAINT, DATES, TIMES, PLACES, PEOPLE INVOLVED, AND HOW YOU WERE AFFECTED. FAILURE TO DO SO MAY RESULT IN THIS FORM BEING RETURNED UNANSWERED.

INCLUDE HOW YOU BELIEVE YOUR REQUEST SHOULD BE HANDLED/SOLVED.

I'm Requesting an Affidavit of Affirmation For my CASE PLEASE.CASE No CF-2019-45INMATE SIGNATURE: [Signature]DATE: 3/29/19Thank you

INMATES - DO NOT WRITE BELOW THIS LINE

DETENTION DEPUTY - LAST NAME/BADGE #: _____ REASON FOR REQUEST: _____

THE RESULT/DISPOSITION OF THIS STAFF REQUEST CAN BE FOUND BELOW:

Do not know what is an Affidavit of Affirmation is.SUPERVISOR SIGNATURE: [Signature]DATE: 4/8/19

Logan County Detention Center

REQUEST TO STAFF

STATE OF OKLAHOMA
LOGAN COUNTY SS
FILED FOR RECORD

2019 APR -5 AM 7:33

INMATE NAME: Charles Bowlds POD/CELL LOCATION: E-101 DATE: 4/1/2019CHERYL SMITH
DEPUTY

IF YOU HAVE A CERTAIN STAFF MEMBER YOU ARE TRYING TO CONTACT, WRITE THEIR NAME AND TITLE BELOW:

Logan County Court Clerk

HAVE YOU ALREADY TRIED TO SETTLE THIS REQUEST WITH A STAFF MEMBER?

CIRCLE ONE: YES / ☒ NO

HAVE YOU ALREADY SUBMITTED A REQUEST OF STAFF ON THIS SAME ISSUE?

CIRCLE ONE: YES / ☒ NO

DO YOU HAVE A LAWSUIT OF ANY TYPE PENDING OR PLANNED THAT RELATES IN ANY WAY TO THIS ISSUE?

CIRCLE ONE: YES / ☒ NOIF YES, INDICATE CASE NUMBER: N/A

DOES THIS REQUEST RELATE TO A PENDING INCIDENT REPORT?

CIRCLE ONE: YES / ☒ NO

REQUEST REASON

INCLUDE ALL RELEVANT INFORMATION: THIS INCLUDES YOUR REQUEST &/OR COMPLAINT, DATES, TIMES, PLACES, PEOPLE INVOLVED, AND HOW YOU WERE AFFECTED. FAILURE TO DO SO MAY RESULT IN THIS FORM BEING RETURNED UNANSWERED.

INCLUDE HOW YOU BELIEVE YOUR REQUEST SHOULD BE HANDLED/SOLVED.

I'm requesting an Affidavit of Affirmation. I'm also requesting an Affidavit of Attorney-in-Fact (or Affidavit of Power of Attorney). I need an address for the Internal Revenue Service.INMATE SIGNATURE: Charles R Bowlds DATE: 4/1/2019

INMATES - DO NOT WRITE BELOW THIS LINE

DETENTION DEPUTY - LAST NAME/BADGE #: _____ REASON FOR REQUEST: _____

THE RESULT/DISPOSITION OF THIS STAFF REQUEST CAN BE FOUND BELOW:

The Court Clerk does not have any of those forms nor do we have the address for the IRS

SUPERVISOR SIGNATURE: _____

DATE: 4/8/19

Logan County Detention Center

REQUEST TO STAFF

INMATE NAME: Charles Bowlds POD/CELL LOCATION: E-101 DATE: 4-9-19

IF YOU HAVE A CERTAIN STAFF MEMBER YOU ARE TRYING TO CONTACT, WRITE THEIR NAME AND TITLE BELOW:

Court Clerk

HAVE YOU ALREADY TRIED TO SETTLE THIS REQUEST WITH A STAFF MEMBER?

CIRCLE ONE: YES / NO

HAVE YOU ALREADY SUBMITTED A REQUEST OF STAFF ON THIS SAME ISSUE?

CIRCLE ONE: YES / NO

DO YOU HAVE A LAWSUIT OF ANY TYPE PENDING OR PLANNED THAT RELATES IN ANY WAY TO THIS ISSUE?

CIRCLE ONE: YES / NO

IF YES, INDICATE CASE NUMBER: _____

DOES THIS REQUEST RELATE TO A PENDING INCIDENT REPORT?

CIRCLE ONE: YES / NO

REQUEST REASON

INCLUDE ALL RELEVANT INFORMATION: THIS INCLUDES YOUR REQUEST &/OR COMPLAINT, DATES, TIMES, PLACES, PEOPLE INVOLVED, AND HOW YOU WERE AFFECTED. FAILURE TO DO SO MAY RESULT IN THIS FORM BEING RETURNED UNANSWERED.

INCLUDE HOW YOU BELIEVE YOUR REQUEST SHOULD BE HANDLED/SOLVED.

I NEED AN Application FOR Power of Attorney

INMATE SIGNATURE: [Signature]

DATE: 4/9/2019

INMATES - DO NOT WRITE BELOW THIS LINE

DETENTION DEPUTY - LAST NAME/BADGE #: Hill 418 REASON FOR REQUEST: Court Clerk

THE RESULT/DISPOSITION OF THIS STAFF REQUEST CAN BE FOUND BELOW:

We do not have any forms for Power of Attorney

SUPERVISOR SIGNATURE: [Signature]

DATE: 4/26/19

Logan County Detention Center

REQUEST TO STAFF

INMATE NAME: CHARLES BOWLES POD/CELL LOCATION: E-101 DATE: 4/10/2019

IF YOU HAVE A CERTAIN STAFF MEMBER YOU ARE TRYING TO CONTACT, WRITE THEIR NAME AND TITLE BELOW:

Handy LESTER / Jail Administrator

HAVE YOU ALREADY TRIED TO SETTLE THIS REQUEST WITH A STAFF MEMBER?

CIRCLE ONE: (YES) / NO

HAVE YOU ALREADY SUBMITTED A REQUEST OF STAFF ON THIS SAME ISSUE?

CIRCLE ONE: YES / (NO)

DO YOU HAVE A LAWSUIT OF ANY TYPE PENDING OR PLANNED THAT RELATES IN ANY WAY TO THIS ISSUE?

CIRCLE ONE: (YES) / NO

IF YES, INDICATE CASE NUMBER: N/A

DOES THIS REQUEST RELATE TO A PENDING INCIDENT REPORT?

CIRCLE ONE: YES / (NO)

REQUEST REASON

INCLUDE ALL RELEVANT INFORMATION: THIS INCLUDES YOUR REQUEST &/OR COMPLAINT, DATES, TIMES, PLACES, PEOPLE INVOLVED, AND HOW YOU WERE AFFECTED. FAILURE TO DO SO MAY RESULT IN THIS FORM BEING RETURNED UNANSWERED.

INCLUDE HOW YOU BELIEVE YOUR REQUEST SHOULD BE HANDLED/SOLVED.

I'm attempting to seek administrative relief prior to filing a grievance, and a civil rights law suit complaint asserting I'm being denied the right to access medical. I submitted a medical request requesting to see the medical Provider for over

INMATE SIGNATURE: CHARLES R BOWLES DATE: 4/10/2019

INMATES - DO NOT WRITE BELOW THIS LINE

DETENTION DEPUTY - LAST NAME/BADGE #: _____ REASON FOR REQUEST: _____

THE RESULT/DISPOSITION OF THIS STAFF REQUEST CAN BE FOUND BELOW:

You ARE NOT BEING DENIED MEDICAL TREATMENT. YOU HAVE SEEN THE PROVIDER AND ARE BEING GIVEN TREATMENT.

SUPERVISOR SIGNATURE: RS #103 DATE: 04-16-2019

Case 5:19-cv-00726-SLP Document 58-18 Filed 08/03/20 Page 6 of 17
Chronic Dental Pain. I have a hole in one tooth, completely to the nerve which is causing extreme pain when I drink water when food gets in it, or I inhale air. Another tooth was knocked loose and needs to be pulled. The pain from both teeth are chronic and incessant.

Upon visiting with the Healthcare Provider, He said: "Regardless to the pain", Per Policy, I would have to undergo, and complete 3 prescriptions of Ibuprofen and Amoxicillin. After that, if the pain continued, I'd be prescribed additional prescriptions.

Within the Logan County Detention Center handbook, On page 7, Under "Medical," Not only are Dental visits permitted (see 5 at (4)), "Emergency" visits to the clinic are also an option (see 5 at (2)). The chronic pain I'm experiencing cannot be cured by continuously administering me Amoxicillin and Ibuprofen. I need to see a dentist.

Denial of Access to medical is A Federal Civil rights violation. To Allow me to sit in here, in chronic pain is cruel and unusual Punishment in violation of the 8th Amendment to the United States Constitution.

I'm requesting an EMERGENCY Dental visit As soon As Possible Please.

Thank you.

Logan County Detention Center

REQUEST TO STAFF

INMATE NAME: Charles Bowlds POD/CELL LOCATION: E-101 DATE: 4-25-2019

IF YOU HAVE A CERTAIN STAFF MEMBER YOU ARE TRYING TO CONTACT, WRITE THEIR NAME AND TITLE BELOW:

SHERIFF DEVEREAUX

HAVE YOU ALREADY TRIED TO SETTLE THIS REQUEST WITH A STAFF MEMBER?

CIRCLE ONE: ☒ YES / NO

HAVE YOU ALREADY SUBMITTED A REQUEST OF STAFF ON THIS SAME ISSUE?

CIRCLE ONE: ☒ YES / NO

DO YOU HAVE A LAWSUIT OF ANY TYPE PENDING OR PLANNED THAT RELATES IN ANY WAY TO THIS ISSUE?

CIRCLE ONE: ☒ YES / NO

IF YES, INDICATE CASE NUMBER: N/A

DOES THIS REQUEST RELATE TO A PENDING INCIDENT REPORT?

CIRCLE ONE: YES / ☒ NO

REQUEST REASON

INCLUDE ALL RELEVANT INFORMATION: THIS INCLUDES YOUR REQUEST &/OR COMPLAINT, DATES, TIMES, PLACES, PEOPLE INVOLVED, AND HOW YOU WERE AFFECTED. FAILURE TO DO SO MAY RESULT IN THIS FORM BEING RETURNED UNANSWERED.

INCLUDE HOW YOU BELIEVE YOUR REQUEST SHOULD BE HANDLED/SOLVED.

I'm attempting to seek administrative relief prior to filing a grievance, and a civil rights law suit complaint asserting I'm being denied the right to access medical. I submitted a medical request requesting to see the medical care

INMATE SIGNATURE: Charles R Bowlds

DATE: 4/25/2019

INMATES - DO NOT WRITE BELOW THIS LINE

DETENTION DEPUTY - LAST NAME/BADGE #: _____ REASON FOR REQUEST: _____

THE RESULT/DISPOSITION OF THIS STAFF REQUEST CAN BE FOUND BELOW:

SUPERVISOR SIGNATURE: [Signature]

DATE: 5/22/2019

Provider for two teeth that are causing me acute persistent pain.

On April 10th, 2019 I submitted a request to the Jail Administrator Mr. Lester in an attempt to resolve my issue. Today, (15 days later), I received Mr. Lester's disposition, (which was dated April 16, 2019). He responded, "You are not being denied medical treatment. You have seen the Provider And Are Being given treatment."

Sir, As I informed Mr. Lester, I have a hole in one tooth completely to the nerve, and another that was knocked loose needing to be pulled. Both teeth are causing acute persistent pain, for which I've been prescribed Amoxicillin and Ibuprofen. I will continue to be in pain until I see a Dentist.

Sheriff Devereaux on Page 17 of the Logan County Detention Center handbook, under Medical, 5 at (2), "Emergency visits to the Clinic" is a medical option. Dental visits are also a medical option see 5 at (4)

Sir, Denial of access to the medical care I need is a Federal Civil Rights Violation. It's cruel and unusual punishment to allow me to sit day after day with chronic pain. I'm requesting to see a Dentist as soon as possible please. THANK YOU.

Logan County Detention Center

REQUEST TO STAFF

INMATE NAME: Charles Bowlds POD/CELL LOCATION: E-101 DATE: 5/14/2019

IF YOU HAVE A CERTAIN STAFF MEMBER YOU ARE TRYING TO CONTACT, WRITE THEIR NAME AND TITLE BELOW:

SHERIFF DEVEREAUX

HAVE YOU ALREADY TRIED TO SETTLE THIS REQUEST WITH A STAFF MEMBER?

CIRCLE ONE: YES / NO

HAVE YOU ALREADY SUBMITTED A REQUEST OF STAFF ON THIS SAME ISSUE?

CIRCLE ONE: YES / NO

DO YOU HAVE A LAWSUIT OF ANY TYPE PENDING OR PLANNED THAT RELATES IN ANY WAY TO THIS ISSUE?

CIRCLE ONE: YES / NO

IF YES, INDICATE CASE NUMBER: N/A

DOES THIS REQUEST RELATE TO A PENDING INCIDENT REPORT?

CIRCLE ONE: YES / NO

REQUEST REASON

INCLUDE ALL RELEVANT INFORMATION: THIS INCLUDES YOUR REQUEST &/OR COMPLAINT, DATES, TIMES, PLACES, PEOPLE INVOLVED, AND HOW YOU WERE AFFECTED. FAILURE TO DO SO MAY RESULT IN THIS FORM BEING RETURNED UNANSWERED.

INCLUDE HOW YOU BELIEVE YOUR REQUEST SHOULD BE HANDLED/SOLVED.

ON 4/16/2019 I submitted a request to you in an attempt to seek administrative relief asserting I'm being denied the right to access medical. I'm under the impression that the request I sent (over)

INMATE SIGNATURE: [Signature] DATE: 5/14/2019

INMATES - DO NOT WRITE BELOW THIS LINE

DETENTION DEPUTY - LAST NAME/BADGE #: _____ REASON FOR REQUEST: _____

THE RESULT/DISPOSITION OF THIS STAFF REQUEST CAN BE FOUND BELOW:

SUPERVISOR SIGNATURE: [Signature] DATE: 5/22/2019

you on 4/5/20 has been impeded being that I have not received a disposition from you.

I'm respectfully requesting, at your convenience, you please check to see if you've received my request. If not I will submit another one to you.

Thank you.

8/3/20



Logan County Detention Center Offender Grievance Report Form

Offender Name: Charles R. BowldsDate: 5/27/2019Pod: E-101

Male



Female

Offender Number: 149440

Have you previously submitted a grievance on this issue? No If yes, what date N/A. You must submit this completed original grievance form within 15 calendar days of your receipt of your second response to the request to staff form. The request to staff must have been submitted within 7 calendar days of the incident. Do not include and/or attach anything to this grievance except the original 2 Request to Staffs with responses. You may quote from and/or make reference to statutes, operations, field, or administrative memoranda, department publications, etc.

1. The nature of your complaint; this statement must be specific as to the complaint, dates, places, personnel involved, witnesses, and how you were affected. One issue and/or incident per grievance. You can use the backside of this page only if necessary.

ON 4/10/2019 I submitted A request to STAFF to the Jail Administrator Randy Lester informing Mr Lester that I WAS attempting to seek Administrative relief complaining I'm being denied the right to access medical. On 4/25/2019 I received my request back, (Although it was dated 4/16/2019) I subsequently responded by submitting a request to Sheriff DEVEREAUX (Asserting the same complaint on 4/26/2019.

Due to me not receiving A response to the request sent to Sheriff DEVEREAUX, I submitted another request on or about May 13, 2019 stating to Sheriff DEVEREAUX that I hadn't received A response, An inquired about the request I sent on 4/26/2019. I haven't heard back regarding either request

2. The action you believe the reviewing authority may lawfully take.

I AM requesting A response to my request sent to Sheriff DEVEREAUX on 4/26/2019

Offenders do not write below this line this will be completed during the review of this grievance and a copy will be returned to you

3. Action taken to possibly resolve the issue.

The sheriff has responded, as well as the medical staff. The medical treatment you are getting now is as far as we can go unless your situation gets worse.

Offender Name: _____

Offender Signature: _____

Date issue was reviewed: _____

Administrator: RANDY LESTERAdministrator Signature: [Signature]

BOWLES

E 101

6-1-2019

Logan County Detention Center Offender Grievance Report Form

Offender Name: CHARLES R BOWLESDate: 6/3/2019Pod: E-101 ☒ Male ☐ Female Offender Number: 149440

Have you previously submitted a grievance on this issue? Yes If yes, what date 5/27/2019. You must submit this completed original grievance form within 15 calendar days of your receipt of your second response to the request to staff form. The request to staff must have been submitted within 7 calendar days of the incident. Do not include and/or attach anything to this grievance except the original 2 Request to Staffs with responses. You may quote from and/or make reference to statutes, operations, field, or administrative memoranda, department publications, etc.

1. The nature of your complaint; this statement must be specific as to the complaint, dates, places, personnel involved, witnesses, and how you were affected. One issue and/or incident per grievance. You can use the backside of this page only if necessary.

on 4/10/2019 I submitted A request to staff to the jail Administrator informing him that I was attempting to seek administrative relief complaining I Am being denied the right to access medical. On 4/25/2019 I received my request back, (Although IT WAS DATED 4/16/2019). I subsequently responded by submitting a request to Sheriff Devereaux on 4/26/2019 Asserting the same complaint. Due to me not receiving A response back From Sheriff Devereaux, I submitted another request 5/14/2019 Stating to Sheriff Devereaux that I had not received A response to the request sent to him on 4/26/2019. On 5/30/2019 I received both request back from Sheriff Devereaux, (which were dated 5/22/2019). Essentially, The Sheriff's disposition (which was typed and sent separately), was, "due to it not being life (over)"

2. The action you believe the reviewing authority may lawfully take.

I Am respectfully requesting An emergency visit to the Dentist, PLEASE.

THANK you.

Offenders do not write below this line this will be completed during the review of this grievance and a copy will be returned to you

3. Action taken to possibly resolve the issue.

Your tooth is a pre-existing condition that neither medical nor the jail is obligated to treat. If you can afford to pay for the costs of the extraction then we will schedule and transport you to the doctor.

threatening it is not a serious concern.

"Acute Pain," is what makes this a serious concern. Cold Air, (or simply air), Food, drink, or, at times, No catalyst at all, will increase the Acute Pain.

Acute Pain causes immense suffering, which in turn, (especially over an extended period of time), Violates the 8th Amendment to the United States Constitution.

Sheriff Devereaux was correct in contending that I was offered A nerve pain type of medicine. However, it wasn't that I "Did not like" the medicine that compelled me to refuse it, But rather it gave me an excruciating headache. I've also BEEN given an oral analgesic, entitled "Orasol Gel" However, over an extended period of use the product may cause methemoglobinemia. Ibuprofen, over an extended period of use, is known to affect the stomach lining.

All the measures that have been taken so far are merely temporary fixes to a problem that can only be resolved by a Dentist visit. The Logan County handbook allows for Dental Visits (page 17 (5) at 4). Emergency visits are also allowed, (page 17 (5) at 2).

I AM in Pain. I've been in pain since I've been here. I'm requesting an emergency visit to the Dentist. PLEASE. I AM respectfully attempting to seek Administrative relief.

Logan County Detention Center

REQUEST TO STAFF

INMATE NAME: CHARLES BOWLDS POD/CELL LOCATION: E-101 DATE: 6/9/19

IF YOU HAVE A CERTAIN STAFF MEMBER YOU ARE TRYING TO CONTACT, WRITE THEIR NAME AND TITLE BELOW:

Inmate trust Fund

HAVE YOU ALREADY TRIED TO SETTLE THIS REQUEST WITH A STAFF MEMBER?

CIRCLE ONE: YES / ☒ NO

HAVE YOU ALREADY SUBMITTED A REQUEST OF STAFF ON THIS SAME ISSUE?

CIRCLE ONE: YES / ☒ NO

DO YOU HAVE A LAWSUIT OF ANY TYPE PENDING OR PLANNED THAT RELATES IN ANY WAY TO THIS ISSUE?

CIRCLE ONE: ☒ YES / NOIF YES, INDICATE CASE NUMBER: N/A

DOES THIS REQUEST RELATE TO A PENDING INCIDENT REPORT?

CIRCLE ONE: YES / ☒ NO

REQUEST REASON

INCLUDE ALL RELEVANT INFORMATION: THIS INCLUDES YOUR REQUEST &/OR COMPLAINT, DATES, TIMES, PLACES, PEOPLE INVOLVED, AND HOW YOU WERE AFFECTED. FAILURE TO DO SO MAY RESULT IN THIS FORM BEING RETURNED UNANSWERED.

INCLUDE HOW YOU BELIEVE YOUR REQUEST SHOULD BE HANDLED/SOLVED.

I Need A Copy of my Inmate trust Fund Account Statement to attach my Pauperis Affidavit (pursuant to 28 U.S.C. § 1746)INMATE SIGNATURE: CHARLES R BOWLDS DATE: 6/9/19

INMATES – DO NOT WRITE BELOW THIS LINE

DETENTION DEPUTY - LAST NAME/BADGE #: _____ REASON FOR REQUEST: _____

THE RESULT/DISPOSITION OF THIS STAFF REQUEST CAN BE FOUND BELOW:

I will cost you \$1.00 or you can write them @ 200 NW 4th St OKC, OK, 73102 US District Court of OklahomaSUPERVISOR SIGNATURE: [Signature] DATE: 6-11-19

Logan County Detention Center

REQUEST TO STAFF

INMATE NAME: Bowlds Charles POD/CELL LOCATION: E-101 DATE: 6/19/19

IF YOU HAVE A CERTAIN STAFF MEMBER YOU ARE TRYING TO CONTACT, WRITE THEIR NAME AND TITLE BELOW:

INMATE TRUST FUND

HAVE YOU ALREADY TRIED TO SETTLE THIS REQUEST WITH A STAFF MEMBER?

CIRCLE ONE: YES / NO

HAVE YOU ALREADY SUBMITTED A REQUEST OF STAFF ON THIS SAME ISSUE?

CIRCLE ONE: YES / NO

DO YOU HAVE A LAWSUIT OF ANY TYPE PENDING OR PLANNED THAT RELATES IN ANY WAY TO THIS ISSUE?

CIRCLE ONE: YES / NOIF YES, INDICATE CASE NUMBER: N/A

DOES THIS REQUEST RELATE TO A PENDING INCIDENT REPORT?

CIRCLE ONE: YES / NO

REQUEST REASON

INCLUDE ALL RELEVANT INFORMATION: THIS INCLUDES YOUR REQUEST &/OR COMPLAINT, DATES, TIMES, PLACES, PEOPLE INVOLVED, AND HOW YOU WERE AFFECTED. FAILURE TO DO SO MAY RESULT IN THIS FORM BEING RETURNED UNANSWERED.

INCLUDE HOW YOU BELIEVE YOUR REQUEST SHOULD BE HANDLED/SOLVED.

I need A copy of my Inmate Trust Fund Account Statement. I will pay the necessary expense.INMATE SIGNATURE: Charles R BowldsDATE: 6/19/19

INMATES - DO NOT WRITE BELOW THIS LINE

DETENTION DEPUTY - LAST NAME/BADGE #: _____ REASON FOR REQUEST: _____

THE RESULT/DISPOSITION OF THIS STAFF REQUEST CAN BE FOUND BELOW:

Yes when we get time you may have copies. It is 25¢ per page.SUPERVISOR SIGNATURE: Lindsey #260DATE: 6/20/19



TURN KEY HEALTH

WAIVER OF TREATMENT/EVALUATION

(Form must be completed in its entirety)

Name Bowlds, Charles ID#/DOB 2-9-75 Facility LC 50 Date 6-29-19 Time _____

I certify that I am refusing to consent to the following treatment/procedure/diagnostic test/medication/outside referral/laboratory at my own insistence and against the advice of the health care provider.

1. Refusal for: Zyprexa

Reason for the refusal: COST

2. I have been informed by a qualified healthcare professional of the risks attendant to my refusal. These include:

3. During the clinical interview which included counseling and education, the qualified healthcare professional has given me the opportunity to ask questions and has answered my questions.

4. I assume full responsibility for any results caused by my decision and I hereby release the institution, its employees, officers, and the provider from all legal responsibility and liability.

5. I certify that I am of sound mind and have read, or had read to me, and fully understand the above information concerning my refusal to accept treatment/evaluation and have had an opportunity to ask questions before I affix my signature.

6. I understand I may retract my decision and receive the treatment/procedure/diagnostic test/medication/outside referral/laboratory, although consequences due to the delay may result.

Patient Signature

Date

Qualified Healthcare Professional

Date

Witness

Date

If the patient refuses to sign such a statement, he/she cannot be forced to do so legally nor may release be withheld until offender signs. If this occurs, the form should be filled out, witnessed by two facility personnel and the statement documented on the form, "SIGNATURE REFUSED".

"Emergency Dental Request"

SICK CALL REQUEST FORM

INMATE NAME: CHARLES Bowlds DOB: 7/9/75 INMATE NUMBER: 149440
 DATE: 1/9/2020 FACILITY: LCDC LOCATION/POD: J-203

REASON FOR REQUEST:

My tooth has Broken Again! I AM EXPERIENCING
Acute PAIN From EXPOSED NERVES! I NEED
to SEE A Dentist - PLEASE

1. INMATES ACCESSING HEALTH OR PHARMACEUTICAL SERVICES WILL BE CHARGED IN ACCORDANCE WITH OKLAHOMA STATUTES.
2. INMATES WILL NOT BE DENIED MEDICAL CARE DUE TO THE INABILITY TO PAY OR DUE TO INSUFFICIENT FUNDS IN THEIR INMATE ACCOUNT.
3. FEES FOR MEDICAL SERVICES WILL BE DEDUCTED DIRECTLY FROM AN INMATE'S ACCOUNT. IF THERE ARE INSUFFICIENT FUNDS IN THE ACCOUNT, THE FEES WILL BE DEBITED AND THE ACCOUNT WILL SHOW A NEGATIVE BALANCE. ANY MONEY DEPOSITED INTO AN ACCOUNT WITH A NEGATIVE BALANCE WILL BE USED TO SATISFY THE DEBT WITH THE FACILITY PRIOR TO BEING AVAILABLE FOR COMMISARY SERVICES.

INMATE SIGNATURES ARE REQUIRED PRIOR TO SUBMITTING REQUESTS, AND SIGNATURES ACKNOWLEDGE UNDERSTANDING OF THE SICK CALL PROCESS.

Shirley R Bowlds
 INMATE SIGNATURE

1/9/2020
 DATE

MEDICAL STAFF USE ONLY BELOW THIS BOX

RECEIVED BY MEDICAL:

Patricia Bennett
 MEDICAL SIGNATURE

01:12:00C 0900
 DATE/TIME

ACTION TO BE TAKEN:

- ☐ SCHEDULE FOR SICK CALL ☒ SCHEDULE FOR PROVIDER CLINIC ☐ WRITTEN RESPONSE TO INQUIRY
- ☐ OTHER: _____

MEDICAL RESPONSE:

Patricia Bennett
 MEDICAL SIGNATURE

01:12:00C 0903
 DATE/TIME

TURN KEY HEALTH